



**Contract Reference Cover Sheet**

<i>Responsible Department:</i> <i>Contact person in your office:</i> <i>Address:</i> <i>E-mail:</i> <i>Telephone:</i>	<i>Purchasing Office</i> <i>Brad Brill</i> <i>PO Box 1088, Austin, TX 78767</i> <i><u>Brad.Brill@ci.austin.tx.us</u></i> <i>512-972-4012</i>
<i>Project Name &amp; Description:</i> <i>Contractor/Vendor/Party:</i> <i>Contract Period:</i> <i>Extension Options:</i>	<i>Influenza Vaccine</i> <i>Sanofi Pasteur</i> <i>04/05/07 through 12/31/07</i> <i>One 12-Month</i>
<i>Reference No.:</i> <i>Requisition No.:</i> <i>Solicitation No.:</i> <i>RX No.:</i>	<i>GC070000008</i> <i>N/A</i> <i>N/A-Via TBPC Contract</i> <i>N/A</i>
<i>Agenda Item Number:</i> <i>Date Approved by Council:</i>	<i>20</i> <i>04/05/07</i>

**NOTE: Forward this document electronically to CONTRACTS. It will be attached to the approved ordinance or resolution and given to customers seeking information about the contract.**